MW 2 7 2003



AF/2881\$

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/732,927

Filing Date December 11, 2000

First Named Inventor Nobuo SHIMAZU et al.

Group Art Unit 2881

Examiner Name T. Nguyen

Attorney Docket Number 740107-135

				2001							
		Examiner Name		T. Nguyen							
Total Number of Pages in This Submission	Attorney Docket Number			740107-135							
ENCLOSURES (check all that apply)											
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Transmittal Form Fee Attached Indicate the properties of the pro		ayme	 □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter □ Application Data Sheet 							
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Firm or Individual name David S. S Nixon Peal	afran, Reg. N body LLP nsboro Drive			GENT							
CERTIF	FICATE OF N	MAILING OR TRANSM	ISSI	ON							
SEKT.		7 CFR 1.8(a)]									
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Signature: April Campbell Name: April Campbell											



FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)110.00

Complete if Known						
Application Number	09/732,927					
Filing Date	December 11, 2000					
First Named Inventor	Nobuo SHIMAZU et al.					
Examiner Name	T. Nguyen					
Art Unit	2881					
Attorney Docket No.	740107-135					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit Card Money Other None Order	3. ADDITIONAL FEES								
Deposit Account:				mall Entity					
Deposit Account 19-2380 (740107-135)		Fee (\$)	Fee Code	Fee (\$)	Fee Description				
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Deposit Account Nixon Peabody LLP					-	•			
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The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting action	publication of SI	R prior to Examiner		
☐ Charge fee(s) indicated below	1805	1,840*	1805	1,840*		publication of SI	R after Examiner		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1806	180	1806	180	Submission	of Information I	Disclosure Simit	m	
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1204 84 2204 42 ** Reissue independent claims over				Certificat	te of Mailing	or Transmission	[37 CFR 1.8(a)]		
original patent	I hereby certify that this correspondence is being deposited with the United States Postal Service with								
1205 18 2205 9 ** Reissuc claims in excess of 20 and over original patent sufficient postage for first class mail in an envelope addressed to Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimilar								simile	
SUBTOTAL (2) (\$) 0		smitted to		TO at	7	, on Ma	y 23, 2003 .		
**or number previously paid, if greater; For Reissues, see above	Sign	ature:	IN	il 1	Cano	bell			
		Name: April Campbell							
SUBMITTED BY					-	Complete (if a	applicable)		
David S Safren	Regist	tration N	o.	27,997			(703) 770-9300)	
Name (Friniriype)	_	nev/Agen		_ , , , , , ,		Telephone			
Signature						Date	May 23 2003		